₹	Yes [pendent child	vilities of a spouse or dependent child Committee on Ethics.	"unearned" income, transactions, or liabi unless you have first consulted with the	arned" incomoss you have fi	her assets, "une swer "yes" unle	EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabil because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the C	EXEMPTI because th
₹	Yes	ot be	ent child?	cs and certain other "e r spouse, or a depende	nittee on Ethic ting you, your	ed by the Comn h a trust benefi	TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?	TRUSTS—disclosed.
S	QUESTION)F THESE	ANSWER EACH OF THESE QUESTIONS	l I	TINFOR	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCLUS
	response.	each "Yes"	dule attached for each "Yes" response	appropriate sched	and the a	e answered	Each question in this part must be answered and the appropriate schedule	
₹	Yes	\$5,000 from	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	VI. Did you receive com a single source in the tw If yes, complete and at	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	eg X	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III.	III. Did you, able liability a If yes, comp
S S	es M	rangement	 V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V. 	V. Did you have any reportable agreemen with an outside entity? If yes, complete and attach Schedule V.	Š	ğ X	II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II.	II. Did you, y income of mo reportable as if yes, comp
<u>\$</u>	8	pefore the date or two years?	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	IV. Did you hold any re of filing in the current cu ff yes, complete and a	Š	es M	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	I. Did you or fees) of \$200 If yes, comp
			"	EACH OF THESE QUESTIONS	OF THES		PRELIMINARY INFORMATION — ANSWER	In all section PRELIMI
	more than 30 days late.	more than				Office:	employee Employing Office:	
who files	— a	A \$200 pe against au	Check if Amendment	: 11-4-14	Date of Election:	Minnes oto	Candidate for the State: Mis House of Representatives District: —	Filer Status
	(Office Use Only)	000						
RK TATIVES	OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES	U.S. HOL		Daytime Telephone:	Daytime		James Hogedonn	Name:
Page 1 of <u>S</u> E CENTER	Page 1 of LEGISLATIVE RESOURCE CENTER 2013 DEC 3 AM 1: 46	LEGIS1	M B and new employees	FORM B For use by candidates and new employees		ATIVES	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2013 - December 5,20	UNITED FINANC Period cc

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name James Hogeborn

Page Z of £

ist the source time and amount of earned income from any source (other than the filer's current employment by the ITS Government) totalling \$200 or
List the source, type, and amount of earlied montainy source (other than the list source) the other the other than the list source than source than the source of the other than the list source to the other than the o
more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income
exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and	rement programs, and benefits r	benefits received under the Social Security Act.	Security Act
Source (include date of receipt for honoraria)	Type	Amount	unt
שטבוכה (ווכומסם ממנם טו ופכפוףו זמו ווטומיומוומ)	-)	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Scottage IRA	Distribution	41,750	54,300

	Scothrade IAA	JT 1st Bank of Paducah, KY accounts	Examples:	SP Mega Corp. Stock	nomes and vacation nomes (<i>unless</i> there was remaindence during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	exclude: Your personal residence, including second	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic	For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and the city and state.	Provide complete names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.	BLOCK A Asset and/or Income Source
	×	×	Indefinite	X	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$25,000,001 - \$5,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 Over \$56,000,000 Spouse/DC Asset over \$1,000,000*		A B C C D E F G H	*This column is for assets solely held by your spouse or dependent child.	If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."	Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.	BLOCK B Value of Asset
	X	×	Royaties	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	come)		if the asset generated no income during the reporting period.	plans or IHAs), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None"	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k))	BLOCK C Type of Income
	×		×	X	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 Cver \$5,000,000 Spouse/DC Income over \$1,000,000* None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$5,000 \$100,001 - \$1,000,000 \$1,000,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Cver \$5,000,000 Spouse/DC Income over \$1,000,000*		Current Year Preceding Year		* This column is for income derived from assets solely held by your spouse or dependent child.	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as	BLOCK D Amount of Income

SCHEDULE III — LIABILITIES

Name James Hagedony

Page $\frac{1}{2}$ of $\frac{1}{2}$

ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibowed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount ling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000.

					·
					SP, DC, JT
		American Express	Wright Patman FCU	Example: First Bank of Wilmington, DE	Creditor
		Janzell	Mayaoii	May 1998	Date Liability Incurred mo/year
		Rowolving Charge Acct,	Personal Loan	Mortgage on 123 Main Street, Dover, DE	Type of Liability
		×	×		\$10,001— \$15,000
				ļ	\$15,001— \$50,000 W
					\$50,001 \$100,000 O \$100,001
					\$250,000 5
					\$500,000 m mount of Liabilit \$5,000,001— \$5,000,000 m
_					\$1,000,000 T 3 \$1,000,001— Q \$5,000,000 G 5
					\$5,000,001— # Y
					\$25,000,001 \$50,000,000
					Over \$50,000,000
·					Spouse/DC Liability over ス \$1,000,000

SCHEDULE IV — POSITIONS

any nonprofit organization, any labor organization, or any educational or other institution other than the United States. cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an offi-

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization); and positions solely of an honorary nature.

and positions solely of an incholary flataro.	
Position	Name of Organization
Retail Propriator, minery	Retail Propriator, nimmit Stewart's; Mabel, Minnesota
Consultant	Color Cort North America; Florence, Kentucky
Indopendent Sules pep.	Eco Energy Systems Inc.; San Marcos, California
_	

SCHEDULE V - AGREEMENTS

Name James Hogelory

Page 5 of 5

Identify the dat service; contin efit plan maint	Identify the date, parties to, and general terms of any agreement or arrangement with service; continuation or deferral of payments by a former or current employer other the efft plan maintained by a former employer.	Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.
Date	Parties To	Terms of Agreement
اکور ، عمات	Dec. 2012 myself-Ewenery - State of California	Every to pay back commissions in excess of \$10,000,
Sep 2013	Sep 2013 myself-ColorCort N.A.	Resigned position
Sep 2013	Sep 2013 myself- Stewart's	Resigned position; compensation and tweet payments conditional upon transfer and sale of Internet site assets.

SCHEDULE VI - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

Source (Name and Address)		•			
Brief Description of Duties	Accounting services				

GPO: 2013

78-995 (mac)